CONFIDENTIAL REGIONAL TRAUMA CENTER Designation Performance Improvement Report

FACILITY:	
LOCATION:	
DATE:	

Require	RESOURCE CRITERIA		Compliance				
		Α	В	С			
	FACILITY ORGANIZATION			1			
${f E}$	Resolution						
\mathbf{E}							
\mathbf{E}							
	The board and medical staff must make a commitment to providing trauma care commensurate to the level of categorization for which the facility is applying. E Trauma System Participation in the statewide trauma system including participation in the Regional Trauma Advisory Committee: support of regional and state performance improvement programs: and submission of data to the Montana statewide trauma registry. E Trauma Service A clinical service recognized in the medical staff structure that has the responsibility for the oversight of the care of the trauma patient. Specific delineation or credentialing of privileges for the medical staff on the Trauma Service must occur. E Trauma Program Multidisciplinary program that coordinates trauma-related activities including quality/performance improvement for trauma patients, educational programs for providers of trauma care, injury prevention, and public education. E Trauma Team A team of care providers is to be identified and have written roles and responsibilities to provide initial evaluation, resuscitation and treatment for all trauma patients meeting trauma system triage criteria. Written trauma system triage criteria must be present and a method to activate the trauma team must exist. E Trauma Medical Director Board-certified or board eligible surgeon (usually general surgeon with demonstrated competence in trauma care who assumes responsibility for coordination of overall care of the trauma patient E Trauma Medical Director Board-certified or board eligible surgeon (usually general surgery) with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, recommending trauma service privileges, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education. E Completion of an ATLS cours						
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	director should have the authority to affect all aspects of trauma care including oversight of						
	clinical trauma patient care, recommending trauma service privileges, development of						
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T7	consultation/liaison and involvement in community, regional and the state trauma system.						
\mathbf{E}	Trauma Committee						
	Trauma Program Performance functions with a multidisciplinary committee of all trauma			ĺ			

REQUIREMENT

E - Essential Criteria for designation of this level of trauma center

D - Desired Criteria are not required for designation but considered desirable

Require	RESOURCE CRITERIA	C	omplian	ce
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	related services to assess and correct global trauma program process issues. This			
	committee meets regularly, takes attendance, has minutes, and works to correct overall			
	program deficiencies to optimize trauma patient care.			
${f E}$	Trauma Peer Review functions with a multidisciplinary committee of medical disciplines			
	involved in caring for trauma patients to perform peer review for issues such as response			
	times, appropriateness and timeliness of care, and evaluation of care priorities. This committee under the aegis of performance improvement meets regularly, takes attendance,			
	has minutes, and documents how patient care problems will be avoided in the future.			
Е	Diversion Policy			
12	A written policy and procedure to divert patients to another designated trauma care service			
	when the facility's resources are temporarily unavailable for optimal trauma patient care.			
${f E}$	Inter-facility Transfer			
	Inter-facility transfer guidelines and agreements consistent with the scope of the trauma			
	service practice available at the facility.			
\mathbf{E}	Disaster Preparedness There is a written disaster plan that is updated routinely. The facility participates in community			
	disaster drills and associated performance improvement activities.			
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	FACILITY DEPARTMENTS			
E	Surgery			
${f E}$	Neurosurgery			
${f E}$	Neurosurgeon Trauma Liaison			
E	Orthopedic Surgery			
${f E}$	Orthopedic Trauma Liaison			
E	Emergency Medicine			
E	Emergency Medicine Trauma Liaison			
E	Anesthesia			
	CLINICAL CAPABILITIES			
E	Published on-call schedule and promptly available			
E	General / Trauma Surgeon			
E	Published back-up schedule	H	$\vdash \vdash \vdash$	
E	Dedicated to single hospital when on call	$\vdash \vdash \vdash$	+	
E E	Anesthesia – MD or CRNA	 	+ $+$	
	Cardiac Surgery			
D	Critical Care Medicine			
E		 	 	
E	Hand Surgery	$\vdash \downarrow \vdash$		
D	Microvascular/replant surgery			
E	Neurologic surgery			
E	Dedicated to one hospital or backup call			
E	Orthopedic surgery			
E	Obstetric / Gynecologic surgery			
E	Opthalmic surgery			
E.	Oral / maxillofacial surgery	⊦∺	$\vdash \vdash \vdash$	

REQUIREMENT

Require	RESOURCE CRITERIA		C	or	np	lia	nc	е	
		Α			E	3			С
E	Plastic surgery]
E	Pediatrics]
E	Radiology								
E	Thoracic surgery								
E	Urologic surgery							Ī	Ī
E	Vascular surgery	Ī	Ť		Ī	Ī		T	Ī
	CLINICAL QUALIFICATIONS	_							
	General / Trauma Surgeon								
E	Full, unrestricted general surgery privileges	Γ	$\overline{\Box}$	T	Т	ī	T	T	1
E	Board-certified or board eligible	Ī	Ħ		Ī	Ť	\top	T	Ť
E	ATLS course completion. Maintenance of current ATLS verification may replace the trauma		7		F		+	Ŧ	Ť
	related continuing education requirement.								
E	Trauma Education: 10 hours of trauma-related education annually may be obtained in a variety	L			L			L	_
E	of ways such as attendance at attending facility trauma peer review meetings that provide education. Attendance at a minimum of 50% of multidisciplinary peer review committee meetings.	Г	$\overline{1}$	-	Т	1	+	$\overline{}$	1
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E	Emergency Medicine Physicians are board-certified or board eligible	Ιг	_	Τ		_	\top	一	1
E	Emergency Department covered by physicians qualified to care for patients with traumatic	<u> </u>	4	+	누	+	+	누	╬
L	injuries who can initiate resuscitative measures.	L			L				J
E	Trauma Education: 10 hours of trauma-related education annually may be obtained in a variety of ways such as attendance at attending facility trauma peer review meetings that provide education.]
E	ATLS course completion. Maintenance of current ATLS verification may replace the trauma related continuing education requirement.]
E	Attendance at a minimum of 50% of multidisciplinary peer review committee meetings.								
	Neurologic Surgery								
E	Physicians are board-certified or board eligible								
D	ATLS course completion. Maintenance of current ATLS verification may replace the trauma related continuing education requirement.				Ī]
E	Trauma Education: 10 hours of trauma-related education annually may be obtained in a variety of ways such as attendance at attending facility trauma peer review meetings that provide education.]
E	Attendance of the Neurosurgery representative at a minimum of 50% multidisciplinary peer review committee meetings]
	Orthopaedic Surgery								
E	Physicians are board-certified or board eligible						T	T	1
D	ATLS course completion. Maintenance of current ATLS verification may replace the trauma related continuing education requirement.	Ī			Ī			Ī]
E	Trauma Education: 10 hours of trauma-related education annually may be obtained in a variety of ways such as attendance at attending facility trauma peer review meetings that provide education.]
E	Attendance of an orthopaedic surgery representative at a minimum of 50% multidisciplinary peer review committee meetings.						Ť]
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	FACILITIES RESOURCES / CAPABILITIES		
	Emergency Department		
	Personnel		
E	Designated physician director		
E	Emergency Department coverage by in-house emergency physician		
E	Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient		
E	Trauma nursing education: 8 hours of trauma-related nursing education annually		
E	Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to ICU, OR, floor or transfer to another facility		
	Equipment for resuscitation for patients of <u>ALL AGES</u>		
E	Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag- mask resuscitator and oxygen source		
E	Pulse oximetry		
E	Suction devices		
E	Qualitative end-tidal CO2 determination		
E	Electrocardiograph, oscilloscope, defibrillator		
E	Internal paddles		
E	CVP monitoring equipment		
E	Standard IV fluids and administration sets		
E	Large bore intravenous catheters		
	Sterile surgical sets for:	 	
E	Airway control/cricothyrotomy		
E	Thoracostomy (chest tube insertion)		
E	Venous cutdown		
E	Central line insertion		
E	Thoracotomy		
E	Peritoneal lavage		
E	Arterial Catheters		
D	Ultrasound		
E	Drugs necessary for emergency care		
E	Cervical traction devices		
E	Broselow Tape		
	Thermal control equipment:		
E	For blood and fluids		ı ∐
E	For the patients		
E	Rapid infuser system		
E	Communication with EMS vehicles		
	Operating Room		
	Personnel		
E	Adequately staffed and available in a timely fashion 24 hours / day		
	Age-specific Equipment		
E	Cardiopulmonary bypass		
E	Operating microscope		
E	Thermal control equipment: Blood and fluids		

REQUIREMENT
E - Essential Criteria for designation of this level of trauma center
D - Desired Criteria are not required for designation but considered desirable

E	Patient					
${f E}$	X-ray capability, including c-arm image intensifier					
${f E}$	Endoscopes, bronchoscopes					
E	Craniotomy instruments					
E	Equipment for long bone and pelvic fixation					
E	Rapid infuser system					
	Postanesthetic Recovery Room (ICU is acceptable)					
E	Registered nurses available 24 hours / day					
E	Equipment for monitoring and resuscitation					
E	Intracranial pressure monitoring equipment					
E	Pulse oximetry					
E	Thermal control					
	Intensive or Critical Care Unit for Injured Patients					
${f E}$	Registered nurses with 8 hours trauma education annually					
E	Designated surgical director or surgical co-director					
D	ICU service physician in-house 24 hours / day					
E	Equipment for monitoring and resuscitation					
E	Intracranial monitoring equipment					
E	Pulmonary artery monitoring equipment					
	Respiratory Therapy Services					
E	Available in-house 24 hours / day				<u> </u>	<u> </u>
	Radiological Services (Available 24 hours / day)					_
E	In-house radiology technologist	$\sqcup \sqcup$		╧		
E	Angiography	$\sqcup \sqcup$				_
E	Sonography	ugspace	<u> </u>	<u> </u>	<u> </u>	<u> </u>
E	Computed Tomography	$\perp \sqcup$	<u> </u>	<u> </u>		<u> </u>
D	In-house CT technician			<u> </u>	<u>_</u>	_
D	Magnetic Resonance Imaging			<u> </u>	L	
_	Clinical Laboratory Service			7 7		
E	Standard analysis of blood, urine, and other body fluids, including microsampling	$\vdash \vdash$	<u> </u>	╧		
E	Blood typing and cross-matching	$\vdash \vdash$	<u> </u>	<u> </u>	<u> </u>	<u> </u>
E	Coagulation Studies	┾┾	<u> </u>			_
\mathbf{E}	Comprehensive blood bank or access to a community central blood bank and adequate storage facilities			J		_
E	Massive Transfusion Policy (clinical and laboratory)					
E	Blood gases and pH determinations					
E	Microbiology					
All resou	nts Irces are available.					
	Acute Hemodialysis		_			_
E	In-house or transfer agreement with Regional Trauma Center					
	Burn Care – Organized					
T	In-house or transfer agreement with Burn Center			1 1		1

REQUIREMENT

	Acute Spinal Cord Management					
E	In-house or transfer agreement with Regional Trauma Center					
	Rehabilitation Services					
E	Transfer agreement to an approved inpatient rehabilitation facility					
E	Physical Therapy					
E	Occupational Therapy		П			
E	Speech Therapy		П			
E	Social Services					
Commen						
	PERFORMANCE IMPROVEMENT					
E	Quality/performance improvement program for trauma patients.			<u> </u>		
E	The general surgeon is expected to be present in the ED upon patient arrival in all patients meeting major resuscitation criteria when given sufficient advance notification from the field <u>OR</u> within twenty minutes of trauma team activation when the advance notification is short. PI documentation to show response time less than 20 minutes with a threshold of 80%.					
E	Local criteria must be established for Anesthesiologists OR CRNA to be rapidly available for airway emergencies and operative management. Their availability and the absence of delays in airway control and/or operative Anesthesia management must be documented in the PI process. PI documentation to show response time less than 20 minutes with a threshold of 80%.					
E	PI processes to assure the operating room is available and on-call operating room staff are notified and respond in a timely manner for emergent surgical procedures.		I			
E	A system must be developed to assure early notification of the on-call physicians so that they can be promptly available to the trauma patient arrival in the ED. The facility's trauma PI process must document and monitor the response times.					
E	Participation in the state Trauma Registry		П			
E	Audit of all trauma deaths					
E	Trauma care medical staff peer review		П			
E	Medical nursing audit		П			
E	Review of prehospital trauma care					
Commen	CONTINUING EDUCATION / OUTREACH Trauma Education provided by hospital for:					
	* * *					
E	Physician,	\square	\dashv	┝	4	┝╠
E	Nurses	\square	\dashv	┝	_	┞╠
<u>E</u>	Allied health personnel		\sqsubseteq	<u> </u>	<u> </u>	<u> </u>
Е	Prehospital personnel provision / participation			L	<u></u>	
Commen	INJURY PREVENTION					
\mathbf{E}	Designated prevention coordinator – spokesperson for injury control			Γ		
E	Outreach activities	H	\dashv	<u> </u>	=	+

REQUIREMENT

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D - Desired Criteria are not required for designation but considered desirable

Monitor progress / effect of prevention program			
Information resources for the public			
Collaboration with existing national, regional, and state programs			
Collaboration and /or participation in community prevention activities			
Collaboration with other institutions			
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	Information resources for the public Collaboration with existing national, regional, and state programs Collaboration and /or participation in community prevention activities	Information resources for the public Collaboration with existing national, regional, and state programs Collaboration and /or participation in community prevention activities Collaboration with other institutions	Information resources for the public Collaboration with existing national, regional, and state programs Collaboration and /or participation in community prevention activities Collaboration with other institutions

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